

L07 000002856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

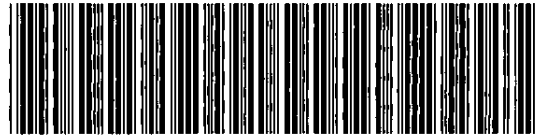
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

QA Thomas APR 18 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wahaven Masonry LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Valerie Walraven
(Contact Person)

Wahaven Masonry LLC
(Firm/Company)

3645 Muldoon Road
(Address)

Pensacola, FL 32526
(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Walraven at (850) 501-1792
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Walraven Masonry LLC

2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

207000002856

4. I, Nicholas Walraven, hereby resign as a MBR
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Nicholas Walraven POA Valerie Walraven

Signature of Resigning Member, Managing Member or Manager

Husband has Lou Grant disease

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DURABLE POWER OF ATTORNEY

STATE OF FLORIDA

COUNTY OF SANTA ROSA

KNOW ALL MEN BY THESE PRESENTS, that I, **NICHOLAS EUGENE WALRAVEN**, of the County of Santa Rosa County and State of Florida, for the purpose of creating a power of attorney have made, constituted and appointed, and by these presents do make, constitute and appoint my wife, **VALERIE DEAN WALRAVEN**, of Santa Rosa County, Pensacola, Florida, my true and lawful attorney for me and in my name, place and stead and for my use and benefit to ask, demand, sue for, recover, collect and receive all sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities and demands whatsoever as are now, or shall hereafter become due, owing, payable or belonging to me and to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof and to compromise and agree for the same and to give and execute acquittances, or other sufficient discharges for the same; to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments and accept the possession of all lands and all deeds and other assurances, in the law therefor, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate lands, tenements and hereditaments, upon such terms and conditions and under such covenants as she shall deem advisable; to bargain and agree for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, choses in action and other property in possession or in action, and to make, do and transact all and every kind of business of whatever nature or kindsoever; to make, execute and deliver in my name checks, drafts or other written orders upon any accounts owned by me or in my name in any bank or other depository and to endorse and present the same for payment, to negotiate for me and in my behalf, any bond, stock, promissory note or other negotiable instrument and sell, transfer, mortgage or hypothecate the same; and also for me and in my name, and as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases and assignments of leases, covenants, indentures, agreements, mortgages, bills of lading, bills, bonds, notes, receipts, evidences of debt, release and satisfactions of mortgages, judgments and other debts, and such other instruments in writing of whatever kind or nature as may be necessary or proper in the premises.

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CLERK OF DISTRICT COURT
SANTA ROSA COUNTY, FLORIDA

And I hereby give and grant unto said attorney full power and authority to obtain any and all medical records, medical bills, reports, physical therapy records and or pharmacy records relating to me to be used in my care, treatment, hospitalization as may be necessary.

I hereby give and grant unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present, without limitation, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF, I have executed this power of attorney this 30th day of June, 2007.

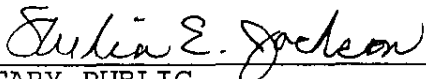

NICHOLAS EUGENE WALRAVEN

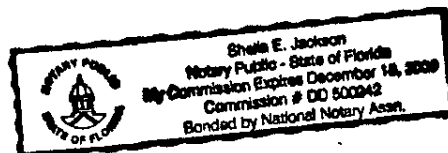
Signed, sealed and delivered
in the presence of:

STATE OF FLORIDA

COUNTY OF Santa Rosa

The foregoing instrument was acknowledged before me this 30th day of June 2007, by Nicholas Eugene Walraven who is personally known to me or presented picture identification consisting of _____ and who did take an oath.


NOTARY PUBLIC
Sign Sheila E. Jackson
My Commission Expires:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA